	no persons	s are required to respond to a collect Application Number	09/954	ormation unless it displays a valid OMB control numb	
TRANSMITTAL		Filing Date	Septen	mber 11, 2001	
FORM (to be used for all correspondence after initial filing)		First Named Inventor Melissa M. Cunningham		a M. Cunningham	
		Art Unit	1634	1634	
		Examiner Name	Goldbe	Goldberg, J.A.	
Total Number of Pages in This Submission	7	Attorney Docket Number	GP116	6-03.UT	
	ENC	LOSURES (Check all th	at apply	<u> </u>	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s)	dress	After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard	
under 37 CFR 1.52 or 1.53			·		
SIGNAT	TURE C	F APPLICANT, ATTOR	NEY. O	OR AGENT	
Firm or Individual name Charles B. Cappellari Reg. No. 40,937 Signature Date August 5, 2004	,	<u> </u>			
	DTIEIC	CATE OF TRANSMISSIO	N/MAI	LING	

This collection of information is required by RZCFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

August 5, 2004

Charles B. Cappellari, Reg. No. 40,937

Signature

PTO/SB/17 (10-03)

August 5, 2004

Date

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750.00

Signature

Complete if Known			
Application Number	09/954,586		
Filing Date	September 11, 2001		
First Named Inventor	Melissa M. Cunningham		
Examiner Name	Goldberg, J.A.		
Art Unit	1634		
Attorney Docket No.	GP116-02.UT		

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account: Large Entity Small Entity					
Denosit	Fee Fee Fee Fee Description Code (\$) Fee Paid				
Account 07-0835	Code (\$) Code (\$) 1051 130 2051 65 Surcharge - late filing fee or oath				
Number Deposit Con Drobe Incorporated	1052 50 2052 25 Surcharge - late provisional filing fee or				
Account Name Gen-Probe Incorporated	cover sheet				
The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification				
Charge fee(s) indicated below Credit any overpayments					
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after				
to the above-identified deposit account.	Examiner action				
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month				
1. BASIC FILING FEE	1232 420 2232 210 Emerician to reply main econic mental				
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1253 950 2253 475 Extension for reply within third month				
Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month				
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month 330.00				
1002 340 2002 170 Design filing fee	1401 330 2401 163 Notice of Appeal				
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal				
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing				
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$)	1452 110 2452 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional				
Fee from	1501 1,550 2501 665 Othicky issue fee (of reissue)				
Total Claims	1				
Independent 3** - V	1503 640 2503 320 Plant issue fee				
Claims -3	1460 130 1460 130 Petitions to the Commissioner				
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$)	8021 40 Recording each patent assignment per property (times number of properties)				
1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection				
1201 86 2201 43 Independent claims in excess of 3	(37 CFR 1.129(a))				
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))				
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application				
	Other fee (specify)				
SUBTOTAL (2) (\$)	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 750.00				
"or number previously paid, if greater; For Reissues, see above ""or number previously paid, if greater; For Reissues, see above ""or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater; For Reissues, see above """or number previously paid, if greater """or numbe					
SUBMITTED BY	(Complete (if applicable)) Registration No. 40.027 Telephone, 858,410,8027				
Name (Print/Type) / Charles B. Cappellari	Registration No. (Attorney/Agent) 40,937 Telephone 858-410-8927				

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